



Center for Mental Health Services/ Office of Organization and Financing
Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Department of Health and Human Services

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Survey of the Characteristics and Funding of School Mental Health Services

2002-2003

School Questionnaire

This Survey is endorsed by:

- American Counseling Association
- National Association of School Psychologists
- National Association of Social Workers
- National Association of State Directors of Special Education
- UCLA School Mental Health Project
- UMB Center for Mental Health Assistance

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Definitions

The focus of this survey is on mental health interventions for students in your school.

Mental health interventions are defined as:

- **Those mental health services and supports delivered to individual students who have been referred and identified as having psychosocial or mental health problems.**

When answering questions about these mental health services include:

- Mental health services for all students, both special education and general education students;
- All mental health services supported by your district or school, both those provided directly by the school or district and those provided by community-based organizations with which your school or district has a contractual or formal agreement;
- Mental health services delivered in district/school settings and in community settings if provided through contract or formal agreements;
- Mental health services delivered by mental health staff whether they are school-based, district-based, or community-based if provided by organizations or providers with which the school or district has a formal agreement for services.

We realize that many schools also have **preventive mental health programs** for the broader student body. You will have an opportunity to tell us about those programs in item 28. For the purpose of that item please use the following definition:

- Preventive mental health programs are those programs, activities and curricula provided to the general student population for the purpose of preventing social, emotional and adjustment problems.

Instructions

- **Please use a pencil to complete this survey.**
- **All questions refer to the current school year, unless otherwise specified.**
- **Answer these questions only for the school identified on the address label.**

If you have any questions about this questionnaire, please contact Dennese Neal, Assistant Survey Director at the toll-free number 1-866-373-1024.

RETURN YOUR COMPLETED QUESTIONNAIRE IN THE ENVELOPE PROVIDED TO:

**ABT ASSOCIATES INC.
Attn: Survey of School Mental Health Services
55 Wheeler St.
Cambridge, MA 02138-9972**

Basic School Characteristics

Before we ask you questions specifically about mental health services in your school, we would like some information about basic characteristics of your school. **You may have to ask someone in the school office for some of this information.**

- 1. On or about the first of October of this school year, what was the total enrollment in your school?**

students

- 2. For the current school year (2002-2003), please check the box for each grade offered at your school.**

- ☐ Pre-kindergarten
- ☐ Kindergarten
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th

- 3. Of the total number of students enrolled in your school as reported in item 1, how many are:**

- a. American Indian or Alaska Native....
- b. Asian /Pacific Islander
- c. Black, not Hispanic
- d. Hispanic
- e. White, not Hispanic

- 4. Of the total number of students enrolled in your school as reported in item 1, how many are:**

- a. Students identified as limited English proficient or English language-learners
- b. Students with an Individualized Education Program (IEP) as defined by the Individuals with Disabilities Education Act (IDEA)
- c. Students eligible for free or reduced-price lunch.....

Delivery of Mental Health Services

The next questions ask about delivery of mental health services in your school and relationships with the school district.

Mental health services are defined as:

- **Those services and supports delivered to individual students who have been referred and identified as having psychosocial or mental health problems.**

5. Which students may receive these mental health services?

- ☐ a. All students
- ☐ b. Special education students only

6. How are mental health services managed in your school?

(Check all that apply)

- ☐ a. One person or team manages mental health services for **all students** (both general education and special education).
- ☐ b. One person or team manages mental health services for **special education students only**.
- ☐ c. One person or team manages mental health services for **general education students only**.
- ☐ d. No one manages mental health services at this school.
- ☐ e. Other _____
(please describe)

7. Does your district operate a mental health unit or clinic?

- ☐ Yes
- ☐ No **[SKIP to Item 9].**

8. Where is this MH unit or clinic located?

- ☐ In this school
- ☐ Outside this school

9. Does your school work with community agencies to provide mental health services for students in your school?

☐ Yes

☐ No

10. Who has responsibility for each of the following functions for mental health services provided to GENERAL EDUCATION students in your school?

		<u>Check all that apply</u>		
	NA	School	District	Collaborative/ Intermediate Unit
a. Allocating funds for MH services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Establishing policies, guidelines or standards on MH service delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Determining the number and types of MH staff needed in your school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hiring mental health staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Supervising MH staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Planning in-service training and professional development for MH staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Administering contracts or agreements with outside organizations or agencies providing MH services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Who has responsibility for each of the following functions for the mental health services provided to SPECIAL EDUCATION students in your school?

		<u>Check all that apply</u>		
	NA	School	District	Collaborative/ Intermediate Unit
a. Allocating funds for MH services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Establishing policies, guidelines or standards on MH service delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Determining the number and types of MH staff needed in your school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hiring mental health staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Supervising MH staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Planning in-service training and professional development for MH staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Administering contracts or agreements with outside organizations or agencies providing MH services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mental Health Staff in School

The next questions ask about the types of staff providing mental health services to students enrolled in your school.

12. How are MH services staffed in your school?

(Check all that apply)

- ☐ Mental health staff are **school-based**. (i.e. employees of the district or school who are assigned to this school and work only in this school).
- ☐ Mental health staff are **district-based**. (i.e. employees of the district who are assigned to the district and travel to different schools, spending only part of their time in this school).
- ☐ A collaborative or intermediate unit provides the MH staff.
- ☐ A community provider or organization provides the MH staff.
- ☐ Other (please describe) _____

13. On average, circle how frequently your school staff uses the following strategies to coordinate activities and services for students in your school.

	(1)	(2)	(3)	(4)
a. Interdisciplinary team meetings among MH staff	Weekly	Monthly	Quarterly	Rarely or never
b. Joint planning sessions between MH staff and regular classroom teachers	Weekly	Monthly	Quarterly	Rarely or never
c. Joint planning sessions between MH staff and special education teachers	Weekly	Monthly	Quarterly	Rarely or never
d. Professional development on MH topics for regular school staff	Weekly	Monthly	Quarterly	Rarely or never
e. Sharing of MH resources among school staff (e.g. printed materials, videos, exchange of referral info.)	Weekly	Monthly	Quarterly	Rarely or never
f. Informal communication about MH issues or services (phone, e-mail) among school staff	Weekly	Monthly	Quarterly	Rarely or never

14. How many of the following staff provide mental health services to students in your school? Include both school-based and district-based staff.

In **column 1** indicate the total number for each type of staff that your school has. Put in '0' for none. Of the total, indicate the number who are fulltime (**column 2**) or part-time (**column 3**). In **column 4** indicate the percent of time (on average) each type of staff spends providing mental health services to students.

School Staff	(1) Number of positions	(2) Number fulltime	(3) Number part-time	(4) Percent Time
a. School counselor.....	_____	_____	_____	_____%
b. Mental health counselor	_____	_____	_____	_____%
c. School social worker	_____	_____	_____	_____%
d. School psychologist	_____	_____	_____	_____%
e. Ph.D-level clinical psychologist or counseling psychologist.....	_____	_____	_____	_____%
f. Alcohol/substance abuse counselor	_____	_____	_____	_____%
g. School nurse	_____	_____	_____	_____%
h. Psychiatrist	_____	_____	_____	_____%
i. Other staff positions (e.g. outreach worker, behavioral aide, peer counselor)	_____	_____	_____	_____%

15. Of the total staff in each category reported in column 1 of item 14, indicate in column 1 the number with a master's degree or higher in their field. In column 2 indicate the number with licensure or certification in their field.

School Staff	(1) Number with Master's degree or higher in their field	(2) Number with license or certificate in their field
a. School counselor	_____	_____
b. Mental health counselor	_____	_____
c. School social worker	_____	_____
d. School psychologist	_____	_____
e. Ph.D-level clinical psychologist or counseling psychologist.....		_____
f. Alcohol/substance abuse counselor	_____	_____
g. School nurse	_____	_____
h. Psychiatrist.....	_____	_____
i. Other staff positions (e.g. outreach worker, behavioral aides, peer counselor)	_____	_____

Arrangements with Community Organizations and Individual Providers

16. Does your school or district have formal or contractual agreements with any community-based organizations or individual providers to provide mental health services to students enrolled in your school?

☐ Yes

☐ No [Skip to item 18]

17. For each of the following community-based organizations or individual providers, indicate in column 1 whether or not your school has an agreement, in column 2 where the service is provided, and column 3 who pays for the service.

	(1)		(2)		(3)			
			<u>If YES,</u> <u>where provided</u> (Check one or both)		<u>If YES, paid by</u> (Check all that apply)			
	Y E S	N O	In school	In community	School or district	Community (e.g. agency or county)	3rd party payment (Medicaid, private)	Grant funds
<u>Community-based Organizations</u>								
a. School-based health center operated by a community-based organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Community health center or clinic (public or private)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. County or community mental health agency or center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Local hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Child welfare agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Juvenile justice system or court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Faith-based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Community service organization (e.g. YMCA, Boys & Girls Club)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other, describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Individual Providers</u>								
j. Psychologist, psychiatrist, social worker, or mental health counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. What are your general practices for routine referrals to and coordination with community-based organizations or providers?

(Check all that apply)

- ☐ a. Staff make passive referrals (e.g. give brochures, lists, phone numbers of providers)
- ☐ b. Staff make active referrals (e.g. staff complete form with family, make calls or appointments, assist with transportation.)
- ☐ c. Staff follow-up with student/family (e.g. calls to ensure appointment kept, assess satisfaction with referral, need for follow-up)
- ☐ d. Staff follow-up with provider (via phone, e-mail, mail)
- ☐ e. Staff attend team meetings with staff of community providers
- ☐ f. Other

(please describe)

Psychosocial or Mental Health Problems

The next questions ask about the types of psychosocial or mental health problems that are seen in your school.

19. Using the code list below, rank the 3 most frequent problems for each group:

(Use the letter codes a. to n. to indicate the problem.)

Female students

1st _____

2nd _____

3rd _____

Male students

1st _____

2nd _____

3rd _____

20. Overall, which problem uses most of your school's mental health resources (e.g. staff time, materials)?

(Use letter code to indicate the problem.)

Code list of psychosocial or mental health problems for questions 19 and 20.

Use the letter code to indicate the problem.

- a. Adjustment issues (e.g. difficulty managing transition to new school, new grade or class)
- b. Social, interpersonal or family problems
- c. Anxiety, stress, school phobia
- d. Depression, grief reactions
- e. Aggressive/disruptive behavior, bullying
- f. Behavior problems associated with neurological disorders (e.g., attention deficit disorder with or without hyperactivity, epilepsy, Tourette's syndrome)
- g. Delinquency and gang-related problems
- h. Suicidal or homicidal thoughts or behavior
- i. Alcohol/drug problems
- j. Eating disorders
- k. Concerns about gender or sexuality
- l. Experience of physical or sexual abuse
- m. Sexual aggression, including harassment
- n. Major psychiatric or developmental disorders (e.g., psychosis, bipolar disorder, Autism)

Mental Health Services Provided to Students in your School

21. Does your school provide the following services, either directly or through a community based organization with which you have a formal arrangement? If YES, also indicate who provides the service.

	YES	NO	<u>If YES, check all that apply</u>	
			Provided by school or district staff	Provided by community staff
a. Assessment for emotional or behavioral problems or disorders (including behavioral observation, psychosocial assessment, and psychological testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Behavior management consultation (with teachers, students, family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Case management (monitoring and coordination of services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Referral to specialized programs or services for emotional or behavioral problems or disorders (e.g. eating disorders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Crisis intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Individual counseling/therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Group counseling/therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Substance abuse counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Medication for emotional or behavioral problems...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Referral for medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Family support services (e.g. child/family advocacy, counseling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. How many students in your school received one or more of the above mental health services during the last school year (2001-2002)?

_____ (number) OR _____ (%)

23. Using the following scale from 1 to 4 where “1” is “not difficult” and 4 is “very difficult”, circle the degree of difficulty that your school has in providing the following mental health services for your students. Check NA if service is not available in your school.

	Not difficult	— > —	— > —	— > —	Very difficult	NA
a. Assessment for emotional or behavioral problems or disorders (including behavioral observation, psychosocial assessment, and psychological testing)	1	2	3	4	<input type="checkbox"/>	
b. Behavior management consultation (with teachers, students, family).....	1	2	3	4	<input type="checkbox"/>	
c. Case management (monitoring, coordination of services)	1	2	3	4	<input type="checkbox"/>	
d. Referral to specialized programs or services for emotional or behavioral problems or disorders (e.g. eating disorders).....	1	2	3	4	<input type="checkbox"/>	
e. Crisis intervention	1	2	3	4	<input type="checkbox"/>	
f. Individual counseling/therapy	1	2	3	4	<input type="checkbox"/>	
g. Group counseling/therapy	1	2	3	4	<input type="checkbox"/>	
h. Substance abuse counseling	1	2	3	4	<input type="checkbox"/>	
i. Medication for emotional or behavioral problems	1	2	3	4	<input type="checkbox"/>	
j. Referral for medication management	1	2	3	4	<input type="checkbox"/>	
k. Family support services (child/family advocacy, counseling).....	1	2	3	4	<input type="checkbox"/>	

24. Using the following scale from 1 to 4 where “1” is “not a barrier” and “4” is a “serious barrier”, circle the extent to which each of the following is a barrier in delivering mental health services to your students.

	Not a barrier	— > —	— > —	Serious barrier
a. School mental health resources are inadequate to meet student needs (e.g. waiting lists, limited space or staff availability).....	1	2	3	4
b. Competing priorities take precedence over mental health services	1	2	3	4
c. Protecting student confidentiality	1	2	3	4
d. Gaining parental cooperation and consent	1	2	3	4
e. Financial constraints of families (can’t afford services or lack of insurance)	1	2	3	4
f. Stigma associated with student receiving mental health services	1	2	3	4
g. Language and cultural barriers of students or families	1	2	3	4
h. Community mental health resources inadequate to meet student needs	1	2	3	4
i. Inadequate coordination/collaboration between school staff and community providers.....	1	2	3	4
j. Transportation difficulties for students to travel to service providers.....	1	2	3	4

Data Collection and Reporting

The next questions ask about data your school collects and reports on mental health services for students.

25. Does your school collect or have access to data on mental health services provided to students in your school?

- ☐ Yes, for all students
- ☐ Yes, for special education students only
- ☐ No data collected **[SKIP to 28]**

26. What data are collected? (Check all that apply)

- ☐ a. Types of mental health problems presented by students
- ☐ b. Types of school-based mental health services provided
- ☐ c. Demographic characteristics of students who receive services
- ☐ d. Number of units of mental health services delivered
- ☐ e. Referrals to community mental health providers
- ☐ f. Referrals for students on medication

27. How does your school use these data? (Check all that apply)

- ☐ a. Reporting to district or state offices
- ☐ b. Developing training and professional development programs for various school staff
- ☐ c. Planning and evaluation of school-based mental health services and resources
- ☐ d. Planning and evaluation of arrangements with community-based mental health providers
- ☐ e. Other uses for the data (please describe)

Preventive and Early Intervention Programs

28. Does your school provide any of the following prevention and early intervention programs or services?

Preventive/Early Intervention Programs and Services	Yes	No
School-wide screening for behavioral or emotional problems.	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum-based programs to enhance social and emotional functioning and reduce barriers to learning	<input type="checkbox"/>	<input type="checkbox"/>
School-wide strategies to promote safe, drug free schools (e.g. Safe Schools/Healthy Students Initiative)	<input type="checkbox"/>	<input type="checkbox"/>
School-wide program to prevent alcohol, tobacco or drug use	<input type="checkbox"/>	<input type="checkbox"/>
Prevention and pre-referral interventions for mild problems ..	<input type="checkbox"/>	<input type="checkbox"/>
Outreach to parents regarding student mental health (e.g. workshops, support groups, lectures)	<input type="checkbox"/>	<input type="checkbox"/>
Peer counseling/mediation, support groups.....	<input type="checkbox"/>	<input type="checkbox"/>
Other programs or strategies (please describe)	<input type="checkbox"/>	<input type="checkbox"/>

29. Please tell us what you think is the most successful approach or strategy that your school is using to improve the mental health of students.

Please provide the name, title and contact information of the person who completed this survey.

Name: _____

Title: _____

Phone: _____

E-mail: _____

If more than one person was involved in completing this survey, please indicate who.

☐ Principal

☐ Assistant Principal

☐ Director of Mental Health Services (or Student Support Services)

☐ School secretary _____

☐ School counselor, school psychologist, school social worker or other mental health staff

☐ Other (Please provide title) _____

If you have any comments you would like to make about this survey or about funding mental health services, please use the space below.

Thank you very much for completing this survey!

RETURN COMPLETED QUESTIONNAIRE IN THE ENVELOPE PROVIDED TO:

ABT ASSOCIATES INC.

Attn: Survey of School Mental Health Services

55 Wheeler St.

Cambridge, MA 02138-9972